

PART B - FEE(S) TRANSMITTAL

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26875 7590 04/22/2005

WOOD, HERRON & EVANS, LLP
2700 CAREW TOWER
441 VINE STREET
CINCINNATI, OH 45202

07/21/2005 RMEBRAH1 00000101 10008296

01 FC:2501 700.00 OP
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Jane A. Walker	(Depositor's name)
<i>Jane A. Walker</i>	(Signature)
July 18, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/008,296	11/13/2001	Gholam A. Peyman	PMAN-17	2702

TITLE OF INVENTION: METHOD TO TREAT AGE-RELATED MACULAR DEGENERATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	07/22/2005
EXAMINER	ART UNIT		CLASS-SUBCLASS		
FARAH, AHMED M	3739		606-004000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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Wood, Herron & Evans, L.L.P.

1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

MINU, LLC

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Pittsboro, North Carolina

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Authorized Signature Beverly A. Lyman

Date July 18, 2005

Typed or printed name Beverly A. Lyman, Ph.D.

Registration No. 41,961

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